



**Gaithersburg**  
A CHARACTER COUNTS! CITY

www.ci.gaithersburg.md.us

City of Gaithersburg 301-258-6350



**Resident - \$35**  
**Nonresident \$45**

**Sat. , Feb. 7**  
**9 a.m. - 5 p.m.**

Come enjoy a fun trip to Boyds Bear Country. Over 70,000 Boyds Bears under one roof.

Bus will depart from the Activity Center, 506 S. Frederick Ave. at 9 a.m. on Saturday, Feb. 7 and will return to the Activity Center at 5 p.m.

- ◆ Transportation by motorcoach.
- ◆ All you can eat family style two entrée lunch- ham and turkey with the fixins!
- ◆ Shop 'til you drop, a one of a kind shopping experience!

# We're loadin' a Bus and heading to...

## Boyds Bear Country™

The World's Most Humongous Teddy Bear Store™

Gettysburg, PA



### REGISTRATION FORM

☐ Check here if new address/phone since last time registered. **Children must be accompanied by an adult!**

Payer's Last Name \_\_\_\_\_ Payer's First Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City Resident ☐ Nonresident ☐

Participant's Name	Sex M/F	Trip Name	Activity #	Trip Date	Who are you traveling with?	Fee	Non Res. Fee	Total
		Boyd's Bear Trip	10580					
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**Nonresidents, please use the nonresident rate.**

**TOTAL \$**

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or for any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

*The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please indicate what accommodations are needed : \_\_\_\_\_*

Amount Paid \$ \_\_\_\_\_ Cash ☐ Check # \_\_\_\_\_

Visa/MC# \_\_\_\_\_ Exp.Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature (name on card) \_\_\_\_\_

Print Name \_\_\_\_\_

**OFFICE USE ONLY: # 10580**

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W P M F Resident: Y N

Pr: \_\_\_\_\_ Date \_\_\_\_\_